

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of First Submission .....	24/07/2024 15:34 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	23/07/2024 22:20 (SGT)
Exact Location of Accident .....	Balestier Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHD5185B
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TRANS-CAB SERVICES PTE. LTD.
Company Reg No .....	200303878K
Email Address .....	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No .....	(Phone) +65-65552222
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Taxi
Transmission .....	Auto
CC .....	1800

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5140725663-01

### DRIVER

Name of Driver .....	YONG WAI CHONG
NRIC No .....	S1501295A
Date Of Birth .....	30/03/1961
Occupation .....	Outdoor

Driving Pass Date .....	04/08/1981
Driving experience .....	42 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96366062
Alt. Phone Number .....	-
Email Address .....	CLAIMS@TRANSCAB.COM.SG
Address .....	BLK 931 #15-99
Address complement .....	HOUGANG STREET 91
Postcode .....	530931
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLM6699J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	YONG WAI CHONG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHD5185B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the Policyholder) / Date & Time

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

A - SHD5185B  
B - SLM6699J

A

↑

B

↑


↑

Describe Circumstance of the Accident

Declaration

I/We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

 24072024 & 1600HRS  
\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

 Mohammad Ikhsan Bin Abdul Aziz  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20240724/7041

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20240724/7041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/07/2024 11:54		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: YONG WAI CHONG		Address: 931 HOUGANG STREET 91 #15-99 SINGAPORE 530931		
ID Type / ID No.: NRIC NO / S1501295A		Contact No.: Home/Office: Mobile: 96366062		
Nationality: SINGAPORE CITIZEN		Email: BEEYEN@OLAMNET.COM		
Sex: Male	Age: 63	Date of Birth: 30/03/1961	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/07/2024 22:20	Type of Location: Straight Road
Location:  BALESTIER ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD5185B	Motor car					0
SLM6699J	Motor car			White		0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20240724/7041

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20240724/7041

CONTINUATION OF REPORT

<b>Driver</b>			
Name	YONG WAI CHONG		ID No. S1501295A
Related Vehicle	SHD5185B (Motor car)		Contact No. 96366062
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	24/07/2024	Date Discharge	24/07/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight
<b>Driver</b>			
Name	YONG WAI CHONG		ID No. S1501295A
Related Vehicle	SHD5185B (Motor car)		Contact No. 97696376
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date and time,  
I was driving Tran/cab taxi 5185 B traveling CTE toward Balestier at slip road, the slip have two lane, I stop my vehicle at extreme left give to Balestier main road,, suddenly a vehicle SLM 6699J collided onto my vehicle from rear, after the accident I felt unwell.  
On 24/07/2024 I went to WY Teh family clinic and surgery consult doctor and was give 5 days MC.





**SINGAPORE  
POLICE FORCE**



T/20240724/7041

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20240724/7041

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/07/2024 11:54

Officer In Charge Of Case:

Classification Of Case:

NP168